

Forensic Services Group

Employee Name and Address

Rebecca Pontes

Employee Reimbursement Form

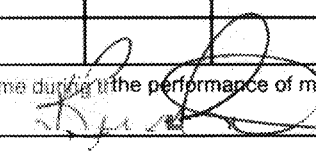
Page

of

Employee ID # [REDACTED]	Employee or Contractor Title Chemist II	Bargaining Unit 9	Appropriation 80000106	Unit 2530	Object B02
Document Total:\$		Reconciliation Date:	Schedule Pay Date:	Budget FY 2013	FY 2013

		Total Private Auto Mileage								
Date	Description	Odometer Readings		Total Miles	Amount	Meals	Fares	Hotel	Other Expenses	Total Expenses
		Beginning	Ending							
12/03/12	Springfield to Maynard for AED/CPR course	120339	120414	75	\$ 33.75				1.35	\$ 35.10
12/03/12	Maynard to Springfield	120414	120489	75	\$ 33.75				1.45	\$ 35.20
12/06/12	Amherst to Springfield to testify in court	120614	120641	27	\$ 12.15				2.25	\$ 14.40
12/06/12	Springfield to Amherst	120641	120668	27	12.15					\$ 12.15

Employee's Certification: I hereby certify under the penalty of perjury that the amounts itemized above are true and correct, were incurred by me during the performance of my official duties of the Commonwealth and conform fully with rules and regulations pertaining to employee reimbursement.

Employee's Signature: Supervisor's Approval: 

Title:

LAB Supervisor II

Date:

12/13/12

Fiscal Verification: _____

Title _____

Date: _____

Fiscal Approval: _____

Title _____

Date: _____

Entered Into HR/CMS By: _____

Title _____

Date _____